

Michigan Department of Agriculture

Pesticide & Plant Pest Management Division

P.O. Box 30017, Lansing, Michigan 48909

Telephone: (517) 373-1075 Fax: (517) 335-4540

Application for Registration of Organic Certifying Agents

In accordance with Act 316 of 2000, Sec. 15 (1)

Expires December 1, 2005**COMPLETE ALL APPLICABLE BLANKS AND BOXES. SIGN AND DATE BACK OF FORM.**✓ the appropriate box ☐ New ☐ Renewal

Date		Federal I.D. Number	
Applicant/Company (Certificate of Assumed Name, if applicable)			
Street Address			
Mailing Address			County
Lansing, State, Zip Code			
Contact Person (The person who would be contacted if there were questions about this application or other organic-related issues) Title:			
Telephone ()		Fax ()	
E-Mail Address			

Please answer the following questions:

- | | | |
|--|--|---------------------------------------|
| 1. Do your organic standards meet or exceed the National Organic Program? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. Are you accredited by USDA as a certifying agent? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. Do you have an appeal process in place for producers and handlers? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 4. Do you have the ability to conduct residue testing as part of the certification process? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 5. Do you require training for inspectors who certify for your agency? If yes, please describe your training requirements: | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

TO COMPLETE APPLICATION – GO TO REVERSE SIDE

List of inspectors working in ***MICHIGAN*** for the certification agent and their credentials:

Name	Address	Credentials	County

****Please complete **FORM A**, Certified Organic Persons/Agricultural Products List****

REGISTRATION FEE: \$200.00

I hereby certify that the information above is true and accurate to the best of my knowledge.

Applicant (Signature)

Date

Please Print Name

Title

Please submit this form with other attachments and a check made out to "State of Michigan" to the address below for completion of registration.

Michigan Department of Agriculture
Pesticide & Plant Pest Management Division
P.O. Box 30017
Lansing, MI 48909

FORM A

Certified Organic Persons/Agricultural Products

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